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CONFIRMATION NO. 5218

Bib Data Sheet

|   |   |                                   |  |  |                                    |
|---|---|-----------------------------------|--|--|------------------------------------|
| <b>SERIAL NUMBER</b><br>10/659,812  | <b>FILING OR 371(c)<br/>DATE</b><br>09/11/2003<br><b>RULE</b>   | <b>CLASS</b><br>606               | <b>GROUP ART UNIT</b><br>3733  | <b>ATTORNEY<br/>DOCKET NO.</b><br>SMI0068.US |                                    |
| <b>APPLICANTS</b><br>Todd A. Wolford, Goshen, IN;<br>Mark Nordman, Burket, IN;<br><br><b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/410,648 09/13/2002<br><b>** FOREIGN APPLICATIONS *****</b><br><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 12/03/2003</b>   |   |                                   |  |  |                                    |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR<br/>COUNTRY</b><br>IN | <b>SHEETS<br/>DRAWING</b><br>8   | <b>TOTAL<br/>CLAIMS</b><br>25                | <b>INDEPENDENT<br/>CLAIMS</b><br>4 |
| <b>ADDRESS</b><br>Todd T. Taylor<br>TAYLOR & AUST, P.C.<br>142 S. Main St.<br>P.O. Box 560<br>Avilla, IN46710   |   |                                   |  |  |                                    |
| <b>TITLE</b><br>OTHOPAEDIC REAMER DRIVER FOR MINIMALLY INVASIVE SURGERY   |   |                                   |  |  |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>762   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                    |